

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☒January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

0 1

3 1

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		371526.17
(b) Cash on Hand at Beginning of Reporting Period	113670.71	
(c) Total Receipts (from Line 19)	35584.70	665775.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149255.41	1037301.19
7. Total Disbursements (from Line 31)	8725.40	896771.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140530.01	140530.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35140.84	588864.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	443.86	62160.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35584.70	651025.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	35584.70	651025.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	11500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3250.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35584.70	665775.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35584.70	665775.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1905.40	9101.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1905.40	9101.18
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6820.00	879170.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	8500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8725.40	896771.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8725.40	896771.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	35584.70	651025.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35584.70	651025.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1905.40	9101.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1905.40	9101.18

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Leona Tinkey

Mailing Address 803 Cherry Drive

City State Zip Code
Hershey PA 17033-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country MeadowsOccupation
VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	6

Transaction ID: 25052289

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. James Gomez

Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
FacilitiesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	6

Transaction ID: 25056645

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr Wade Peterson

Mailing Address 201 14th St., NW

City State Zip Code
Mandan ND 58554-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	6

Transaction ID: 25087198

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jim Bircham
Mailing Address 211 1 st Street SE

City State Zip Code
Little Falls MN 56345-3064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minneata

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25088786

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Jonathan P Dolan
Mailing Address 236 Metro Dr.

City State Zip Code
Jefferson City MO 65109-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Health Care Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092199

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr Stephen Reissman
Mailing Address 5120 Goldleaf Circle Suite 400

City State Zip Code
Los Angeles CA 90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Services

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092208

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr William Biggs
Mailing Address 101 Grace Street

City State Zip Code
Easley SC 29640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Managemnet Resourc-
es

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 25126271

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Tony E Oglesby
Mailing Address 1087 Reynolds Bridge Rd

City State Zip Code
Benton TN 37307-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
SavaSenior Care

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 25126272

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Ms. Lyn Bentley
Mailing Address 2212 Hidden Valley Lane

City State Zip Code
Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 25126293

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

3770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie Cheeka Mailing Address 3614 Connecticut Avenue, NW Apt 22 City Washington State DC Zip Code 20008-2436 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Director of Constituency Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 276.96		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 25126294 Amount of Each Receipt this Period 11.54
B. Full Name (Last, First, Middle Initial) Mr. David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria State VA Zip Code 22308-1049 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Vice President of Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 694.48		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 25126295 Amount of Each Receipt this Period 27.78
C. Full Name (Last, First, Middle Initial) Ms Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City Fairfax State VA Zip Code 22031-4720 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 276.96		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 25126297 Amount of Each Receipt this Period 11.54

SUBTOTAL of Receipts This Page (optional)

50.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 25126298	
City State Zip Code Arlington VA 22206-1143		Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director, Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 934.88	
B. Full Name (Last, First, Middle Initial) Ms. Shelley Sabo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 6360 Tisberry Drive PAYROLL DEDUCTION		Transaction ID: 25126299	
City State Zip Code Burke VA 22015-4061		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NCAL Occupation Director Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
C. Full Name (Last, First, Middle Initial) Mr Angelo S. Rotella		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 303 Rhodes Ave		Transaction ID: 25127609	
City State Zip Code Woonsocket RI 02895-2899		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Friendly Home Inc Occupation President/Admin			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

2549.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Dixie Taylor-Huff

Mailing Address 932 Baddour Parkway

City State Zip Code
 Lebanon TN 37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 25136996

Amount of Each Receipt this Period

-300.00

Full Name (Last, First, Middle Initial)

B. Ms Dixie Taylor-Huff

Mailing Address 932 Baddour Parkway

City State Zip Code
 Lebanon TN 37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: 25143690

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Mr Timothy J Boyle

Mailing Address 4412 Applewood

City State Zip Code
 Sioux City IA 51106-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Center Mgmt Co

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4100.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 25158065

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Steven E. Chies

Mailing Address 8624 Mississippi Blvd.

City State Zip Code
 Coon Rapids MN 55433-5968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benedictine Health System-
Cambridge

Occupation
VP, Long Term Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 1 / 2 0 0 6

Transaction ID: 25164529

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. William L. Roberts

Mailing Address 2651 Cameron Street

City State Zip Code
 Mobile AL 36607-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cogburn Health Services

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 6

Transaction ID: 25164703

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ms. Lyn Bentley

Mailing Address 2212 Hidden Valley Lane

City State Zip Code
 Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 6

Transaction ID: 25164704

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

7520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Julie Cheeka Mailing Address 3614 Connecticut Avenue, NW Apt 22 City Washington State DC Zip Code 20008-2436 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Director of Constituency Affair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 25164705 Amount of Each Receipt this Period 11.54
B. Full Name (Last, First, Middle Initial) Mr. David Hebert Mailing Address 7605 Ridgecrest Drive City Alexandria State VA Zip Code 22308-1049 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Senior Vice President of Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 722.26		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 25164706 Amount of Each Receipt this Period 27.78
C. Full Name (Last, First, Middle Initial) Ms Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City Fairfax State VA Zip Code 22031-4720 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Transaction ID: 25164708 Amount of Each Receipt this Period 11.54

SUBTOTAL of Receipts This Page (optional)

50.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: 25164709	
City Arlington State VA Zip Code 22206-1143		Amount of Each Receipt this Period 39.56	
FEC ID number of contributing federal political committee. C			
Name of Employer AHCA Occupation Director, Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 974.44	
B. Full Name (Last, First, Middle Initial) Ms. Shelley Sabo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 6360 Tisberry Drive PAYROLL DEDUCTION		Transaction ID: 25164710	
City Burke State VA Zip Code 22015-4061		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NCAL Occupation Director Assisted Living			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Mr Paul Walczak		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 2979 PGA Blvd		Transaction ID: 25164713	
City Palm Beach Gardens State FL Zip Code 33410-2911		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Home Quality Management Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

1299.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr James Miller
Mailing Address 3594 E US Highway 30

City State Zip Code
Warsaw IN 46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Investment Inc

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 6

Transaction ID: 25191321

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Katherine Marshall-Wilson
Mailing Address 421 Parker Street

City State Zip Code
Fort Collins CO 80525-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbine

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 6

Transaction ID: 25191322

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Mr Robert Wilson
Mailing Address 947 Worthington Circle

City State Zip Code
Fort Collins CO 80526-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbine Health Systems

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 6

Transaction ID: 25191342

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms Jean Wells			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 725 Harvard Drive			Transaction ID: 25191343	
City State Zip Code Owensboro KY 42301-6185			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Wells Health Systems		Occupation Owner, Legislative Chair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Ms Cheryl Killian			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 3801 Woodside Dr.			Transaction ID: 25191350	
City State Zip Code Arlington TX 76016-3030			Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Legacy Care Centers Inc.		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mr Louis E Cottrell, Jr.			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 4156 Carmichael Road			Transaction ID: 25191352	
City State Zip Code Montgomery AL 36106-2866			Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Alabama Nursing Home Assn.		Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms Jill Capela		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1101 S. Capital of TX Hwy. Bldg. G		Transaction ID: 25191563	
City Austin State TX Zip Code 78746		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ONR Inc. Occupation CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	
B. Full Name (Last, First, Middle Initial) Mr Michael McBride		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 101 Grace Drive		Transaction ID: 25191565	
City Easley State SC Zip Code 29640-9088		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Management Resources Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

35140.84

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BB & T

Mailing Address Operations Center
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25096559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1206.04

Full Name (Last, First, Middle Initial)

B. BB & T

Mailing Address Operations Center
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25285018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.57

Full Name (Last, First, Middle Initial)

C. BB & T

Mailing Address Operations Center
Post Office Box 819

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25285024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

683.79

SUBTOTAL of Disbursements This Page (optional)

1905.40

TOTAL This Period (last page this line number only)

1905.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zack Space For Congress Committee

Mailing Address 714 N Wooster Avenue

City Dover State OH Zip Code 44622

Purpose of Disbursement
Debt Retirement

Candidate Name
Mr. Zachary Space

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 18

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 25057708

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

B. Mccaskill For Missouri

Mailing Address PO Box 6771

City St Louis State MO Zip Code 63144

Purpose of Disbursement
Debt Retirement

Candidate Name
Claire McCaskill

Office Sought: ☐ House
☒ Senate
☐ President

State: MO District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 25057714

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

C. Levin for Congress Cmte

Mailing Address 436 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - Levin for Congress Cmte

Candidate Name
Mr. Sander Levin

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 12

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25129919

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

-4000.00

Void - Levin for Congress
Cmte

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Whalen For Congress

Mailing Address P. O. Box 750

City
Bettendorf

State
IA

Zip Code
52722

Purpose of Disbursement
Void - Whalen For Congress

011

Category/
Type

Candidate Name
Mr. Michael Whalen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IA District: 1

2006 General

Transaction ID: 25129921

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Whalen For Congress

Full Name (Last, First, Middle Initial)

B. Committee for a Democratic Majority

Mailing Address 301 Fourth St. NE
Ste. 202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 25141976

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Christopher Shays

Mailing Address 98 East Avenue Rear Building
98 East Avenue Rear Building

City
Norwalk

State
CT

Zip Code
06851

Purpose of Disbursement
Void - Christopher Shays

011

Category/
Type

Candidate Name
Mr. Christopher Shays

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 4

2006 Primary

Transaction ID: 25163257

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Christopher Shays

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sue Kelly for Congress

Mailing Address 187 Jay St.

City State Zip Code
Katonah NY 10536

Purpose of Disbursement
Void - Sue Kelly for Congress

Candidate Name
Ms. Sue Kelly

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 Primary

Transaction ID: 25163259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Void - Sue Kelly for Congress

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 1212 North Vernon St.

City State Zip Code
Arlington VA 22201

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25163307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 1212 North Vernon St.

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Void - Pioneer PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25163309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5000.00

Void - Pioneer PAC

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dirigo PAC

Mailing Address PO Box 1355

City
Alexandria

State
VA

Zip Code
22313-1355

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25163305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Whitehouse 06

Mailing Address PO Box 40280

City
Providence

State
RI

Zip Code
02940

Purpose of Disbursement
debt retirement

Candidate Name
Mr. Sheldon Whitehouse

Office Sought: ☐ House
☒ Senate
☐ President

State: RI District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25163304

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Category/
Type

debt retirement

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement
debt retirement

Candidate Name
Mr. Vernon Buchanan

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 13

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 25163315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Category/
Type

debt retirement

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Levin for Congress Cmte

Mailing Address 436 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Mr. Sander Levin

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 12

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 25164452

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Reed Committee

Mailing Address 200 Midway Rd, Ste 168

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Candidate Name
Mr. Jack Reed

Office Sought: ☐ House
☒ Senate
☐ President

State: RI District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 25164453

Date of Disbursement

12 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Barton

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Void - Friends of Joe Barton

Candidate Name
Mr. Joe Barton

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 6

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25166624

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Friends of Joe Barton

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Texans for Henry Bonilla

Mailing Address PO Box 17292

City San Antonio State TX Zip Code 78217

Purpose of Disbursement
Void - Texans for Henry Bonilla

Candidate Name
Mr. Henry Bonilla

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 23

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25166652

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Texans for Henry
Bonilla

Full Name (Last, First, Middle Initial)

B. Gerald C. Jerry Weller for Congress

Mailing Address PO Box 37

City Joliet State IL Zip Code 60434

Purpose of Disbursement
Void - Gerald C. Jerry Weller for Congre

Candidate Name
Mr. Jerry Weller

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 11

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25166767

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Gerald C. Jerry We-
ller for Congress

Full Name (Last, First, Middle Initial)

C. Chabot for Congress

Mailing Address 105 West Fourth St, Rm 1133
1641 Longworth HOB

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
Void - Chabot for Congress

Candidate Name
Mr. Steve Chabot

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 1

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25166791

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-4000.00

Void - Chabot for Congress

SUBTOTAL of Disbursements This Page (optional)

-6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. People with Hart

Mailing Address PO Box 435

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement
Void - People with Hart

Candidate Name
Ms. Melissa Hart

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 2006 Primary

State: PA District: 4

Transaction ID: 25166583

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-500.00

Void - People with Hart

Full Name (Last, First, Middle Initial)

B. People with Hart

Mailing Address PO Box 435

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement
Void - People with Hart

Candidate Name
Ms. Melissa Hart

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 2006 General

State: PA District: 4

Transaction ID: 25166600

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-500.00

Void - People with Hart

Full Name (Last, First, Middle Initial)

C. Lincoln Davis for Congress

Mailing Address PO box 2002

City
Pall Mall

State
TN

Zip Code
38577

Purpose of Disbursement
Void - Lincoln Davis for Congress

Candidate Name
Mr. Lincoln Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 2006 General

State: TN District: 4

Transaction ID: 25166899

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Lincoln Davis for Congress

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address PO Box 2882

City
Newport

State
DE

Zip Code
19805

Purpose of Disbursement
Void - Carper For Senate

011

Category/
Type

Candidate Name
Sen. Thomas Carper

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: DE District: 2

2006 General

Transaction ID: 25166327

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-180.00

Void - Carper For Senate

Full Name (Last, First, Middle Initial)

B. Artur Davis for Congress

Mailing Address P.O. Box 1845

City
Birmingham

State
AL

Zip Code
35201

Purpose of Disbursement
Void - Artur Davis for Congress

011

Category/
Type

Candidate Name
Rep. Artur Davis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District: 7

2006 General

Transaction ID: 25166815

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Artur Davis for Congress

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Void - Marsha Blackburn For Congress Inc

011

Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: TN District: 7

2006 General

Transaction ID: 25166683

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Marsha Blackburn For Congress Inc.

SUBTOTAL of Disbursements This Page (optional)

-3180.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Turner For Congress

Mailing Address 131 N. Ludlow Street Suite 317

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Void - Turner For Congress

Candidate Name
Rep. Michael Turner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
 State: OH District: 3
 Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 2006 Primary

Transaction ID: 25166454

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Turner For Congress

Full Name (Last, First, Middle Initial)

B. Friends For Dix Congressional Committee

Mailing Address PO Box 613
PO Box 220

City Waverly State IA Zip Code 50677

Purpose of Disbursement
Void - Friends For Dix Congressional Com

Candidate Name
Mr. William Dix

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
 State: IA District: 1
 Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 2006 Primary

Transaction ID: 25166390

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Friends For Dix Congressional Committee

SUBTOTAL of Disbursements This Page (optional)

-3000.00

TOTAL This Period (last page this line number only)

6820.00